

11 June 2004

**MAIL STOP NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
PO Box 1450
Alexandria, Virginia 22313-1450**

Application No.:	10/054,653	Confirmation No.:	9448
First Named Inventor:	Bulucea, Constantin	Filing Date:	18 January 2002
Group Art Unit:	2814	Examiner:	Farahani, D.
Atty. Docket No.:	NS-5127 US		
Title:	Gate-Enhanced Junction Varactor With Gradual Capacitance Variation		
Assignee(s):	National Semiconductor Corporation		

Sir:

Transmitted herewith are the following documents for the above patent application:

1. Return Receipt Postcard;
2. This Transmittal Letter (in duplicate);
3. Amendment (42 p.).

☒ The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining <u>After Amendment</u>		Highest No. Previously <u>Paid For</u>		Present <u>Extra</u>		<u>Rate</u>		<u>Additional Fee</u>
Total Claims	66	Minus	68	=	0	x	\$18.00	\$	0.00
Independent Claims	5	Minus	6	=	0	x	\$86.00	\$	0.00
<input type="checkbox"/>	Fee of \$280 for the first filing of one or more multiple dependent claims							\$	
<input checked="" type="checkbox"/>	Fee for Request for Extension of Time (1 month(s))							\$	110.00
<input type="checkbox"/>	Fee for							\$	
<u>Total additional fee for this Amendment:</u>								\$	110.00
<input checked="" type="checkbox"/>	Please charge Deposit Account No. 502641 in the amount of							\$	110.00
<input checked="" type="checkbox"/>	Conditional Petition for Extension of Time: If an extension of time is required, the Commissioner is authorized to deduct the necessary fee from Deposit Account No. 502641.								
<input checked="" type="checkbox"/>	Also, charge any additional fees required and credit any overpayment to Deposit Account No. 502641.								

EXPRESS MAIL LABEL NO.:

EV 337 115 897 US

Respectfully submitted,

Ronald J. Meetin

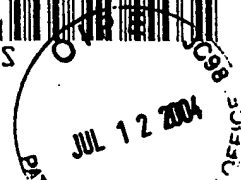
Ronald J. Meetin
Attorney for Applicant(s)
Reg. No. 29,089

210 Central Avenue
Mountain View, California
Tel.: 650-964-9767

EXHIBIT B



EV 337115897 US

Mailing Label
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Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature		
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Corporate Acct. No. X940514			Federal Agency Acct. No. or Postal Service Acct. No.		
FROM: (PLEASE PRINT) PHONE 650, 964 9767 RONALD J MEETIN ATTORNEY AT LAW 210 CENTRAL AVE MOUNTAIN VIEW CA 94043-4869 NS-5127 US			TO: (PLEASE PRINT) PHONE () XXXX MAIL STOP NON-FEE AMENDMENT COMMISSIONER FOR PATENTS PO BOX 1450 ALEXANDRIA VA 22313-1450		

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Date In 6/12/04	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In 0100	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight 9 lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 13.65	<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday Customer Signature		
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EXHIBIT C-1



COMMISSIONER FOR PATENTS
PO Box 1450
Alexandria, Virginia 22313-1450

Application No.:	10/054,653	Confirmation No.:	9448
First Named Inventor:	Bulucea, Constantin	Filing Date:	18 January 2002
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Title:	Gate-Enhanced Junction Varactor With Gradual Capacitance Variation		
Assignee(s):	National Semiconductor Corporation		

ENCLOSED:

1. This Return Receipt Postcard;
2. Transmittal Letter (1 p.);
3. Amendment (42 pp).; and
4. Request for Extension of Time (1 p.).

11 June 2004

EXPRESS MAIL LABEL NO.: EV 337 115 897 US

2004-06-11 Gen Postcard.doc

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Track & Confirm

Shipment Details

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Your item was delivered at 8:53 am on June 14, 2004 in ALEXANDRIA, VA 22313 to PATENT OFFICE. The item was signed for by B HARRIS.

Here is what happened earlier:

- ARRIVAL AT UNIT, June 14, 2004, 8:00 am, DULLES, VA 20102
- ENROUTE, June 13, 2004, 4:48 pm, DULLES, VA 20102
- ENROUTE, June 12, 2004, 8:33 am, SAN FRANCISCO, CA 94125
- ACCEPTANCE, June 12, 2004, 2:54 am, SAN FRANCISCO, CA 94125

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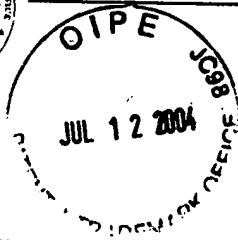
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EXHIBIT D



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY &
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, DC 20503
www.uspto.gov



Paper No.

NOTICE OF FEE DEFICIENCY

The informality regarding the payment of the fee is indicated below in connection with

- ☐ the original filing of the application and/or preliminary amendment (e.g. additional claim fees)
- ☐ the reply filed on _____ . The reply is not fully responsive to the prior Office action because of the _____ following matter(s). See 37 CFR 1.111 and 37 CFR 1.135.

FEE(S) DUE

- ☐ 1. The reply (e.g., amendment) is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance* is due within the time period set below.
- ☐ 2. The reply (e.g., amendment) is considered incomplete in that the Credit Card payment to cover the entire fee due to _____ Account _____ (Card type + last 4 digits ONLY) was refused. The balance* is due within the time period set below.
- ☒ 3. The reply (e.g., amendment) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the time period set below.
- ☐ 4. The filing fee of \$ _____ submitted in this application is insufficient. A balance of \$ _____ is due for presentation of excess claims (37 CFR 1.16(b) & (c)).
- ☒ 5. Other. *for 2 month Extension of time in the amount of \$20.00*

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due):

APPLICANT IS GIVEN A TIME PERIOD OF ONE (1) MONTH or THIRTY (30) DAYS FROM THE MAILING DATE OF THIS NOTICE, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OR ^ IN ORDER TO AVOID ABANDONMENT. EXTENSIONS OF THIS TIME PERIOD MAY BE GRANTED UNDER 37 CFR 1.136.

THE INDICATED AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE YEARLY ON OCTOBER 1 (37 CFR 1.16 & 1.21). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS NOT NECESSARILY THE FEE INDICATED ABOVE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS POSTED ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

*Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Sarah Mackey
Legal Instruments Examiner (LIE) or Clerk of Group

Inquires regarding this Notice should be addressed to the above at _____ (insert Phone Number).